



Player Emergency Contact and Medical Information Form

Team Name:	Division:	Date:
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Player

Name:	Age:
Address:	Date of Birth:
City:	Sex:
Email:	Cell Number:

Emergency Contacts (in order of preferred contact)

Name:	Relationship to Player:	
Home Phone:	Work Phone:	Cell Phone:
Name:	Relationship to Player:	
Home Phone:	Work Phone:	Cell Phone:
Name:	Relationship to Player:	
Home Phone:	Work Phone:	Cell Phone:

Medical Information

Family Doctor's Name:	Phone Number:
BC Care Card Number:	
Medications:	
Allergies:	
Medical Conditions:	
Recent Injuries:	
Any relevant medical information not covered above:	

Parent/Guardian Name:	Signature
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